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APPLICANTS

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** CONTINUING DATA ***** None (n.i.t.)

** FOREIGN APPLICATIONS ***** None (n.i.t.)

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/05/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	M.H Examiner's Signature Initials	VA	10	20	2

ADDRESS

23122
 RATNERPRESTIA
 P O BOX 980
 VALLEY FORGE , PA
 19482-0980

TITLE

Aviator's night vision imaging system non-rotational objective lens

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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